

## APPLICATION DATA SHEET

### **I. Application Information**

(a) Application type : Regular

(b) Subject Matter (check one):

1. ☒ Utility
2. ☐ Design
3. ☐ Plant

(c) Title of Invention : **MAGNESIUM-ZIRCONIUM  
ALLOYING**

(d) Attorney Docket Number : **RR-565 PCT/US**

(e) Total Drawing Sheets : **7**

(f) Small entity (check one) :  
1. ☐ Yes  
2. ☒ No

### **II. Applicant Information**

#### **INVENTOR ONE**

First Name:	<b>Ma</b>
Middle Name:	
Last Name:	<b>QIAN</b>
Name Suffix (Jr., Sr., III, etc.):	

#### **RESIDENCE**

City:	<b>Westlake</b>
State/Province:	<b>Queensland</b>
Country:	<b>AUSTRALIA</b>

#### **MAILING ADDRESS**

Street:	<b>17 Hindmarsh Place</b>
City:	<b>Westlake</b>
State/Province:	<b>Queensland</b>
Country:	<b>AUSTRALIA</b>
Postal or Zip Code:	<b>4074</b>

## APPLICATION DATA SHEET (con't)

### II. Applicant Information (con't)

#### INVENTOR TWO

First Name:	<b>David</b>
Middle Name:	
Last Name:	<b>ST. JOHN</b>
Name Suffix (Jr., Sr., III, etc.):	

#### RESIDENCE

City:	<b>Indooroopilly</b>
State/Province:	<b>Queensland</b>
Country:	<b>AUSTRALIA</b>

#### MAILING ADDRESS

Street:	<b>26 Gladstone Street</b>
City:	<b>Indooroopilly</b>
State/Province:	
Country:	<b>AUSTRALIA</b>
Postal or Zip Code:	<b>4068</b>

#### INVENTOR THREE

First Name:	<b>Malcolm</b>
Middle Name:	<b>Timothy</b>
Last Name:	<b>FROST</b>
Name Suffix (Jr., Sr., III, etc.):	

#### RESIDENCE

City:	<b>Kenmore</b>
State/Province:	<b>Queensland</b>
Country:	<b>AUSTRALIA</b>

#### MAILING ADDRESS

Street:	<b>104 Creekside Street</b>
City:	<b>Kenmore</b>
State/Province:	<b>Queensland</b>
Country:	<b>AUSTRALIA</b>
Postal or Zip Code:	<b>4069</b>

## **APPLICATION DATA SHEET (con't)**

### **III. Correspondence Information**

Correspondence Customer Number : 020427  
Name : Rodman & Rodman  
Street of Mailing Address : 7 South Broadway  
City of Mailing Address : White Plains  
State or Province of Mailing Address : New York  
Postal or Zip Code : 10601  
Phone Number : (914) 949-7210  
Fax Number : (914) 993-0668

### **IV. Representative Information**

Representative Customer Number : 020427

### **V. International Priority Information**

International Application	Type	Application Number	File Date MM/DD/YY
This application is	National Stage of	<b>PCT/AU03/00053</b>	<b>01/20/03</b>

### **VI. Foreign Priority Information**

Country	Application Number	Filing Date MM/DD/YY	Priority Claimed (Yes or No)
<b>Australia</b>	<b>PS0042</b>	<b>01/18/02</b>	<b>YES</b>
<b>Australia</b>	<b>PS0043</b>	<b>01/18/02</b>	<b>YES</b>

### **VII. Assignee Information**

ASSIGNEE NAME: **Cast Centre Pty Ltd**

ADDRESS

Street:	<b>Cooper Road</b>
City:	<b>St. Lucia</b>
State/Province:	<b>Queensland</b>
Country:	<b>Australia</b>
Postal or Zip Code:	<b>4067</b>